

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: : Paul F. Struhsaker, et al.  
U.S. Patent No. : 7,065,098  
Issued : June 20, 2006  
Application No. : 09/839,259  
Filed : April 20, 2001  
For : REDUNDANT TELECOMMUNICATION SYSTEM  
USING MEMORY EQUALIZATION APPARATUS  
AND METHOD OF OPERATION  
Art Unit : 2662  
Examiner : John Pezzlo  
Confirmation No. : 1533

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

**REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND  
CHANGE OF CORRESPONDENCE ADDRESS**

The undersigned attorney, on behalf of and including the attorneys/agents associated with Customer No. 23990, hereby withdraw as attorneys or agents in connection with the above-identified matter.

The reasons for withdrawal are that the Owner/Applicant (1) has effectively discharged the practitioners by failing to respond and communicate with practitioners to reasonable requests concerning representation and/or (2) has failed to pay one or more bills rendered by the practitioners for an unreasonable period of time and/or has knowingly and freely assented to termination of the employment.

Accordingly, the practitioners believe that no further action on the part of the practitioners is necessary for withdrawal. However, as a precautionary matter, the practitioners have taken reasonable steps to avoid any foreseeable prejudice to the rights of the Owner/Applicant, including having performed the following:

- Given due notice to the Owner/Applicant that the practitioners are withdrawing from representation in this matter and have filed, or will be filing, the necessary papers with the Patent & Trademark Office,
- Delivered to the Owner/Applicant all papers and property to which the Owner/Applicant is entitled, or requesting instructions from the Owner/Applicant regarding disposition of the Owner/Applicant's files; and
- Notified the Owner/Applicant of any responses that may be due and the time frame within which Owner/Applicant must respond.

Please address all future correspondence to:

Mr. Michael S. Hynek  
17519 Muirfield Drive  
Dallas, Texas 75287

Respectfully submitted,

MUNCK CARTER, P.C.

Date: 11 Dec, 2009  
  
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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Patent Number	7,065,098
Issue Date	June 20, 2006
First Named Inventor	Paul F. Struhsaker
Art Unit	2662
Examiner Name	John Pezzlo
Attorney Docket Number	WEST14-00021

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;  
 the practitioners (with registration numbers) of record listed on the attached paper(s); or  
 the practitioners of record associated with Customer Number: 23990

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input checked="" type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

**Certifications**

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Please see attachment.

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A.  The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

OR

B.  Inventor or  
Assignee name Michael S. Hynek

Address 17519 Muirfield Drive

City Dallas	State Texas	Zip 75287	Country USA
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Telephone	Email
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name John T. Mockler	Registration No. 39,775
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Address 600 Banner Place, 12770 Coit Road

City Dallas	State Texas	Zip 75251	Country USA
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Date 11 Dec, 2008	Telephone No. 972-628-3600
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NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.